


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000050628			
1. Corporation Name U.S. Pool Corp.			
2. Principal Office Address 1499 WEST PALMETTO PARK RD		3. Mailing Office Address Same	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33486	Country	Zip	Country

FILED

01 MAY 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		06/05/1998	
5. FEI Number 650841218		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Daniel Lampert, Esq., c/o Berger Singerman, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd.	
Suite, Apt. #, Etc. 1000	
City Miami, FL	State FL
Zip Code 33131	

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-07/13/01-09047-024
****750.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Daniel Lampert
REGISTERED AGENT MUST SIGN

Date 5-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	Edward Mellul	5439-NW 42nd Ave	Boca Raton, FL 33496
D	Mark Rachesky	40 W. 57th St., 33rd Fl.	New York, New York 10019

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01
Date

561-417-7000
Daytime Phone #

CR2E081 (9/00)